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**8** Number of Pages (Including this page)

**Date:** August 11, 2004

**To:** Examiner Han, C. - Group 2665

**Location:** United States Patent and Trademark Office

**Fax No.:** 703-872-9306

**From:** Brian M. Mancini (Registration No. 39,288)

**Subject:** Serial No. 09/657,915 -Scribano et al.

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**MESSAGE:**

Enclosed herewith, please find a NOTICE OF APPEAL, EXTENSION OF TIME REQUEST and RESPONSE Office Action for filing in the below-identified application.

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EXAMINER:	Han, C.
GROUP ART UNIT:	2665
SERIAL NO.:	09/657,915
FILED:	09/08/2000
INVENTOR:	Scribano et al.
ATTORNEY DOCKET NO.:	CE08306R C02

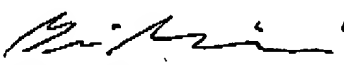
PTO/SB/21 (08-00)

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/657,915	
		Filing Date	09/08/2000	
		First Named Inventor	Scribano et al.	
		Group Art Unit	2665	
		Examiner Name	Han, C.	
Total Number of Pages in this Submission		4	Attorney Docket Number	CE08306R C02

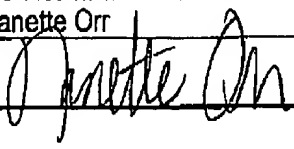
  

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Response to Notice of Non- Recordation of Document
Remarks		

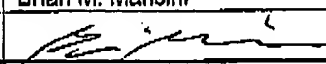
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Brian M. Mancini	Registration No.	39,288
Signature			
Date	August 11, 2004		

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 703-872-9306 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:			
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Signature			Date
			August 11, 2004

<b>FEE TRANSMITTAL</b>  Patent fees are subject to annual revision		<i>Complete if Known</i>	
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		Filing Date	09/08/2000
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TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	CE08306R C02

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																																		
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number <span style="border: 1px solid black; padding: 2px;">50-2117</span> Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Motorola, Inc.</span>																																																																																																																																																																																																																			
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